

(X6) DATE:

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395167	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/14/2023
NAME OF PROVIDER OR SUPPLIER: VALLEY MANOR REHABILITATION AND HEALTHCARE CENTER STATE LICENSE NUMBER: 480202			STREET ADDRESS, CITY, STATE, ZIP CODE: 7650 ROUTE 309 COOPERSBURG, PA 18036		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
F 0565 SS=D	<p>483.10(f)(5)(i)-(iv)(6)(7) Resident/Family Group and Response</p> <p>§483.10(f)(5) The resident has a right to organize and participate in resident groups in the facility.</p> <p>(i) The facility must provide a resident or family group, if one exists, with private space; and take reasonable steps, with the approval of the group, to make residents and family members aware of upcoming meetings in a timely manner.</p> <p>(ii) Staff, visitors, or other guests may attend resident group or family group meetings only at the respective group's invitation.</p> <p>(iii) The facility must provide a designated staff person who is approved by the resident or family group and the facility and who is responsible for providing assistance and responding to written requests that result from group meetings.</p> <p>(iv) The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility.</p> <p>(A) The facility must be able to demonstrate their response and rationale for such response.</p> <p>(B) This should not be construed to mean that the facility must implement as recommended every request of the resident or family group.</p> <p>§483.10(f)(6) The resident has a right to participate in family groups.</p> <p>§483.10(f)(7) The resident has a right to have family member(s) or other resident representative(s) meet in the</p>	F 0565	<p>1. The menu for the day was printed and was immediately hung on wall on each nursing unit.</p> <p>2. Food Service Director or designee will complete comprehensive audit to ensure that that menu with appropriate date are hung on the wall on each nursing unit.</p> <p>3. NHA will educate dietary staff on ensuring menus are hung daily and resident grievance forms are being resolved appropriately.</p> <p>4. Dietary Manager or designee will complete 4 weeks of audits to ensure that menus are hung on appropriate days.</p>	<p>Completion Date: 05/03/2023 Status: APPROVED Date: 04/26/2023</p>	

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F 0565 SS=D	Continued from page 2 facility with the families or resident representative(s) of other residents in the facility. This REQUIREMENT is not met as evidenced by:	F 0565			

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F 0565 SS=D	<p>Continued from page 3</p> <p>Based on observation and review of the food committee meeting minutes, it was determined that the facility failed to act upon the grievances voiced by the resident group.</p> <p>Findings include:</p> <p>Review of the Food Committee meeting minutes dated March 24, 2023, revealed the residents complained that the menu for the day was often not posted.</p> <p>Observation during an environmental tour on April 14, 2023, at 9:58 a.m. on the North nursing unit, revealed that the menu posted for the day was dated March 27, 2023, and indicated that turkey with gravy, stuffing, peas, and pudding would be served. Observation of the lunch meal on April 14, 2023, revealed that chicken pot pie, green beans, and pineapple were served to residents.</p> <p>28 Pa. Code 201.29(i) Resident rights.</p>	F 0565			

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F 0565 SS=D	Continued from page 4	F 0565			
F 0584 SS=E		F 0584			

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F 0584 SS=E	Continued from page 5 483.10(i)(1)-(7) Safe/Clean/Comfortable/Homelike Environment §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all	F 0584	1.Maintenance department and Environmental Service Department repaired and corrected all cited environmental areas of concerns on facilities 3 units. 2.The NHA, Housekeeping Supervisor, Maintenance director or designee will complete environmental rounds on each unit to identify like issues. Facility will develop a three-phase plan with maintenance department to ensure all identified issues are addressed and corrected in prioritized order. After comprehensive audit, each of the units will take 2 weeks to complete. Facility will be starting with South Unit, then Central, then lastly North. 3.Maintenance department or designee will identify areas of correction using preventative maintenance tools. Staff to be reeducated to use maintenance work order binder to report maintenance issues. Staff will report any housekeeping concerns to the housekeeping staff when identified. 4.Maintenance director,	Completion Date: 05/03/2023 Status: APPROVED Date: 04/26/2023	

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F 0584 SS=E	Continued from page 6 areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by:	F 0584	housekeeping director or designee will conduct random audits for 4 weeks for the cited areas. Trends will be reported to the QAA committee for further action planning as needed.		

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F 0584 SS=E	<p>Continued from page 7</p> <p>Based on observation, it was determined that the facility failed to provide a safe, clean, and comfortable environment for residents on three of three nursing units. (South Wing, Central Wing, and North Wing)</p> <p>Findings include:</p> <p>Observation on April 14, 2023, at 10:31 a.m., revealed a large hole in the wall on the right side of the B bed in room 108.</p> <p>Multiple observations between 11:15 a.m. and 11:44 a.m., on April 14, 2023, revealed a garbage bag that contained various trash items including a brief and a large amount of a brown substance in the doorway to room 502.</p> <p>Observation of the Bath suite across from room 209 on April 14, 2023, at 10:33 a.m., revealed a sneaker and an insole on the floor of the shower room. There was a sneaker, a nylon support</p>	F 0584			

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F 0584 SS=E	Continued from page 8 stocking, and a gown on the shower chair. There were two briefs hanging on the prongs of the wall mounted shelf. Observation on April 14, 2023, revealed a hole in the door of the bathroom shared by resident rooms 308 and 310. The floor mats beside resident bed 310 B were soiled with dirt and spillage. In resident room 405, there was hole on the wall adjacent to D bed, stained and dirty linoleum in the bathroom, and a missing towel bar and loose heating unit in the bathroom. Observation on April 14, 2023, at 10:05 a.m. revealed eight large bags of trash, including used incontinence briefs, on the floor in the tub room of the central bathing area on the 400 section of North Wing. 28 Pa. Code 207.2(a) Administrator's responsibility.	F 0584			

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F 0690 SS=D	<p>483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI</p> <p>§483.25(e) Incontinence.</p> <p>§483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.</p> <p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-</p> <p>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 0690	<p>1. Foley catheter drainage bag was attached to bed properly and bed was raised to ensure foley bag was not touching the floor.</p> <p>2. DON or designee will complete audit to ensure all catharized residents have proper hooks in place. Any identified issues will be corrected by nursing staff.</p> <p>3. All nursing staff will be educated on proper management of catheter drainage bags.</p> <p>4. Unit Manager or designee will audit weekly x4/weeks to ensure catheter drainage bags are being managed appropriately. Trends will be reported to the QAA committee for further action planning as needed.</p>	<p>Completion Date: 05/03/2023 Status: APPROVED Date: 04/26/2023</p>	

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F 0690 SS=D	<p>Continued from page 10</p> <p>Based on clinical record review and observation, it was determined that the facility failed to provide adequate care to prevent the risk of infection for one of six sampled residents using an indwelling urinary catheter. (Resident 4)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 4 had diagnoses that included obstructive and reflux uropathy (blockage of urine flow) and the resident had a physician's order for the use of a suprapubic catheter (device inserted into the bladder to drain urine).</p> <p>Observation on April 14, 2023, at 10:19 a.m. and 1:38 a.m. revealed that Resident 4's indwelling urinary catheter bag and tubing were placed directly in contact with the floor while the resident was in bed.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>	F 0690			



Certified End Page

VALLEY MANOR REHABILITATION AND HEALTHCARE CENTER

STATE LICENSE NUMBER: 480202

SURVEY EXIT DATE: 04/14/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY